



Form M-8736  
**Application for Extension of Time to File  
 Fiduciary, Partnership or Corporate Trust Return**

2005  
**Massachusetts  
 Department of  
 Revenue**

For the year January 1–December 31, 2005 or other taxable year beginning \_\_\_\_\_ ending \_\_\_\_\_

**Part 1. Application for Automatic Six-Month Extension of Time to File**

Name	Federal Identification number
Address	Type of return filed (check one): <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3 <input type="checkbox"/> Form 3F <input type="checkbox"/> Other _____
City/Town/Post Office	State                      Zip

1 Total tax you expect to owe for 2005 (Form 2, line 40; or Form 3F, line 24. Form 3 filers, enter "0") . . . . .	<b>1</b>	
2 Massachusetts income tax withheld. . . . .	<b>2</b>	
3 2004 overpayment applied to your 2005 estimated tax (do not enter 2004 refund) . . . . .	<b>3</b>	
4 2005 Massachusetts estimated tax payments (do not include amount in line 3) . . . . .	<b>4</b>	
5 Credits (Form 2, lines 49; or Form 3F, lines 25–29. Form 3 filers, enter "0") . . . . .	<b>5</b>	
6 Total. <i>Add lines 2, 3, 4 and 5</i> . . . . .	<b>6</b>	
7 <b>Amount of tax due.</b> <i>Subtract line 6 from line 1. Pay in full with this application</i> . . . . .	<b>7</b>	

Fiduciaries should file this application by touch-tone telephone. See reverse for more information.  
 Confirmation number \_\_\_\_\_

**Part 2. Complete If Prepared By Someone Other than Taxpayer**

I am authorized to prepare this application and I am (select one):

a member in good standing of the bar of the highest court of (specify jurisdiction) \_\_\_\_\_

a certified public accountant, or public accountant, duly qualified to practice in (specify jurisdiction) \_\_\_\_\_

a person enrolled to practice before the Internal Revenue Service \_\_\_\_\_

a duly authorized agent holding a power of attorney with respect to filing an extension of time (the power of attorney need not be submitted unless requested) \_\_\_\_\_

a person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause; my relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are \_\_\_\_\_

**Part 3. Sign Here**

Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Signature	Date	Paid preparer's signature	SSN or PTIN
▶ _____ / /		_____	- -
Title		Employer Identification number	Date
▶ _____		-	/ /

**Write your Federal Identification number on lower left corner of check. Make check payable to Commonwealth of Massachusetts and mail to: Massachusetts Department of Revenue, PO Box 7070, Boston, MA 02204.**

STAPLE CHECK HERE

